UDOH ZERO SUICIDE INITIATIVE PROPOSAL

September 1, 2017

WHAT IS THE ZERO SUICIDE INITIATIVE?

The foundational belief of Zero Suicide is that suicide deaths for individuals under care within health and behavioral health systems are **preventable**. It presents both a bold goal and an aspirational challenge. The programmatic approach of Zero Suicide is based on the realization that suicidal individuals often fall through the cracks in a sometimes fragmented and distracted health care system. A systematic approach to quality improvement in these settings is both available and necessary. http://zerosuicide.sprc.org/

Strategies for UDOH Participation

- 1) Form a UDOH Zero Suicide leadership committee with representation from clinical and relevant public health staff
- Complete the Organizational Self-Study http://zerosuicide.sprc.org/toolkit
- 3) Complete the Zero Suicide Workforce Survey to assess clinician skill and confidence in suicide intervention
- 4) Create a Zero Suicide Work Plan for embedding components of Zero Suicide into the policy and structure of UDOH clinics. Key components may include:
 - a. Suicide screening policy including when and how screening should be administered
 - b. Suicide in-depth assessment for those who screen positive for suicide risk-
 - c. Suicide specific treatment and/or referral process
- Review Medicaid billing processes and procedures, and partner with other payers (PEHP) to determine appropriate financing strategies for Zero Suicide
- 6) Assess local health department Cancer and STI screening services as well as Home Visiting for appropriate level of implementation of Zero Suicide (ex: screening and gatekeeper trainings)
- 7) Participate in the Utah Zero Suicide Collaborative and Annual Summit
- 8) Monitor and annually revisit the Organizational Self-Study, Workforce Survey, and Work Plan to record progress and continue to strive for excellence.

UDOH Zero Suicide Work Plan Requirements

The Utah Department of Health, Zero Suicide Work Plan should include goals in each of the areas listed below:

- Lead- Create an implementation team with representation from key functional areas and suicide attempt and loss survivors
- Train- Train all staff to respond effectively, commensurate with their roles, to clients at risk for suicide. Recommendations and opportunities for training are described on the following pages.
- Identify- Screen and assess every new and existing patient for suicidal thoughts and behaviors. The screening most commonly implemented in Utah is the Columbia Suicide Severity Rating Scale.
- Engage- Make a commitment to closely follow everyone at risk for suicide, engaging and re-engaging them at every visit.
- Treat- Choose evidence-based treatments that focus explicitly on suicide risk. An example of a treatment that is appropriate in the healthcare setting is Crisis Response Planning.
- Transition-Put policies into action that ensure safe hand-offs between care-givers within the organization and upon discharge
- Improve- Use data to inform system changes that will lead to improved patient outcomes and better care for those at risk. One example: build screening and safety planning and referral tracking into the Electronic Health Record.

Training Recommendations for Health Clinic Staff

Training Name	Description	Time Requirement	Cost	Contact/ Where To Access Training
Suicide Prevention Online CME/MOC	Following this activity, participants should be able to: 1. Describe the epidemiology of suicide 2. Identify the warning signs and risk factors for suicide 3. Assess a patient's suicide risk 4. Develop a safety plan with the patient 5. Access available resources	One Hour	None	https://cme.utahmed.org/p roducts/suicide- prevention#tab- product tab overview
Crisis Response Planning	This full-day workshop is designed to enhance professionals' knowledge about crisis response planning for managing acute suicide risk, and to increase their ability to confidently and competently administer this intervention with at-risk individuals. The second half of the workshop includes clinical demonstrations by the instructor and skills practice by attendees, which are designed for clinicians to acquire skill competency.	Eight Hours	None	kmyers@utah.gov
Counseling on Access to Lethal Means (CALM)	This brief online course explains why means restriction is an important part of a comprehensive approach to suicide prevention. It teaches how to ask suicidal patients/clients about their access to lethal means, and work with them and their families to reduce their access.	Two Hours	None	http://training.sprc.org/enr ol/index.php?id=3
Columbia Suicide Severity Rating Scale (C-SSRS)	The C-SSRS is an evidence-based questionnaire used to assess the full range of suicidal ideation and behavior with criteria for next steps. The C-SSRS can be used across various settings including primary care, clinical practice, military setting, correction facilities and more.	Twenty Minutes to Two hours	None	http://cssrs.columbia.edu/t raining/training-options/
At Risk in Primary Care by Kognito	At-Risk in Primary Care is a CME and CNE- approved online learning experience designed to prepare primary care providers to screen patients for mental health and substance use, perform brief interventions using motivational interviewing techniques, and refer patients to treatment when needed.		\$65.00 per person	https://store.kognito.com/p roducts/primary-care
Recognizing and Responding to Suicide Risk Essentials in Primary Care by AAS	The goal of the RRSR-PC is for primary care practitioners and staff to learn current best practices in eliciting suicide risk when present and meeting the needs of their distressed patients.	1.5 hours Face to Face or Webinar Format	info@suici dology.org (202) 237- 2280	http://www.suicidology.org/ training-accreditation/rrsr- pc
WICHE Toolkit	This Web-based Toolkit contains information and tools to implement state of the art suicide prevention practices and overcome the significant hurdles this life-saving work faces in primary care practices.	Toolkit	\$25.00 each	http://www.wiche.edu/pub/ 12453

Training Recommendations for UDOH Staff

Training Name	Description	Time Requirement			Contact/ Where To Access Training
	QPR stands for Question, Persimple steps that anyone can life from suicide. Just as people he Heimlich Maneuver help sayach year, people trained in Qlecognize the warning signs of now to question, persuade, and help.	suade, and Refer 3 earn to help save a e trained in CPR and ave thousands of lives PR learn how to a suicide crisis and	One Hour	\$3.00/parti cipant	All UDOH Employees (could be mandatory for some staff on an annual or biennial basis)

SafeTALK	Suicide Alertness for Everyone (SafeTALK) SafeTALK is a half-day training program that teaches participants to recognize and engage persons who might be having thoughts of suicide and to connect them with community resources trained in suicide intervention.	Three Hours	\$7.50/parti cipant	All UDOH Employees (as an alternative to QPR)
Mental Health First Aid	Mental Health First Aid is an 8-hour course that teaches you how to help someone who is developing a mental health problem or experiencing a mental health crisis. The training helps you identify, understand, and respond to signs of mental illnesses and substance use disorders.	Eight Hours	\$16/partici pant	Provide optional for all UDOH Employees
Working Minds	Working Minds is dedicated exclusively to workplace suicide prevention and response after a suicide crisis or loss. Goals of Training: To educate and create awareness of suicide prevention To create a forum for dialogue and critical thinking about workplace mental health challenges To promote help-seeking and help-giving in the workplace	Three to Four Hours	~\$13.00/p articipant	UDOH Management and HR
ASIST	Applied Suicide Intervention Skills Training (ASIST) is a two-day intensive, interactive and practice-dominated course designed to help clinical, non-clinical caregivers and parents recognize and review risk, and intervene to prevent the immediate risk of suicide. It is by far the most widely used, acclaimed and researched suicide intervention training workshop in the world.	Two Full Days	\$38.10/par ticipant	Provide optional to UDOH staff who are likely to require a higher level of suicide prevention skill or who work closely with high risk individuals